UCSF
daybreak news

NEWS FOR THE UCSF CAMPUS COMMUNITY VOL. 14, NO. 4 FEBRUARY 19, 1999

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Deans share slice of campus life

The only difference between dean and dead is one letter, quipped Jackie Boyden, vice dean of the UCSF School of Medicine.

Boyden, who represented Haile Debas at a roundtable discussion of deans hosted by the Academic Business Officers Group (ABOG) last Friday, says she often teases the dean about the demands of his high-profile job.

Indeed, Debas couldn't attend the ABOG forum because he was attending a meeting of the Association of Academic Medical Colleges' Council of Deans in Washington DC.

"We don't have lives and that's OK," joked Mary Anne Koda-Kimble, UCSF's newest dean, who has led the School of Pharmacy for six months.

Leading 550 faculty and staff who work at various UCSF locations, Koda-Kimble says her top priority is to "recapture and sustain a sense of community, both as a school so we can retain our sense of identity, and also as part of the University."

Koda-Kimble and her colleagues gave an overview on the four schools and graduate division, which rank among the best in national surveys.

To recap a few of the highlights:

- By far the largest Denti-Cal provider in the state, the dental school serves mostly patients receiving public assistance and the working poor;
- The School of Pharmacy houses the statewide regional poison control center and one organized research unit, the Molecular Design Institute;
- The School of Nursing operates faculty practices, serving teen mothers at UCSF/Mount Zion, the poor in the Tenderloin and children in the Mission District;
- The Graduate Division is launching a bioengineering program with UC Berkeley and offers a new program in medical information science for PhD and master of science students.

With a $600 million annual budget, the School of Medicine is by far the largest school on campus, employing about 1,300 faculty and 4,900 staff and educating 626 medical students, said Boyden, vice dean for administration and finance.

Debas' priorities for this year include reforming the curricula, furthering research into AIDS and cancer, developing programs in diabetes, immunology, vascular biology and international health, as well as securing designation from the National Cancer Institute as a comprehensive cancer center.

Among the goals for the clinical enterprise, UCSF Stanford Health Care, are to develop a multi-year cost reduction plan, implement new quality improvement and customer service initiatives and to accelerate integration of operations, she said.

Debas will speak about the challenges facing the School of Medicine, including the current fiscal crisis of UCSF Stanford, on Tuesday, Feb. 23, in Cole Hall.

For expanded coverage of the dean's roundtable, please go to Daybreak, www.ucsf.edu/daybreak.

CHRIS T. ANDERSON

Deans Charles Bertolami and Mary Anne Koda-Kimble at a roundtable discussion at UCSF

UCSF Stanford faces fiscal challenges

BY LISA CISNEROS

Facing significant financial challenges, UCSF Stanford Health Care must revise its budget plan to be able to break even this fiscal year, administrators say.

In its second year as a merged nonprofit health care organization, UCSF Stanford posted an operating loss of $10.7 million for the first quarter, which dates from September through November 1998.

Net income, which includes investment income, showed a loss of $1.8 million on $385 million in revenues. UCSF Stanford had an average operating gain of $6 million per quarter last year.

"The goal of fiscal year 1999 is to exceed a break-even point in operations for the entire year," said Bruce Schroffel, chief operating officer of the medical center at UCSF.

Schroffel and other UCSF Stanford executives briefed managers about the financial situation at a Feb. 4 meeting in Cole Hall.

Despite strong patient activity, operating revenue, which includes inpatient, outpatient and professional fees, was down $8 million from budget and flat against last year. Expenses were $8 million over budget, due mostly to sharply higher costs for drugs and supplies, administrators say.

(SEE BUDGET ON PAGE 7)

Women willing to undergo surgery for heart disease

BY ABBY SINNOTT

Despite common belief, women are as likely as men to agree to a doctor's recommendation for an invasive cardiac procedure after testing positive for heart disease, a new study finds.

Although each year about half a million American women die of heart disease, strokes and related disorders, studies have suggested that women with known or suspected heart disease receive less aggressive treatment than men because women refuse invasive treatment for the disease, UCSF researchers say.

"Our study suggests that this explanation for gender differences in the use of invasive cardiac procedures is incorrect," says Rita Redberg, UCSF associate clinical professor of medicine and anesthesia, co-director of the UCSF National Center of Excellence in Women's Health and co-author of the study. "One reason for gender disparity is that, traditionally, women are referred at lower rates by physicians for invasive procedures after a positive stress test."

Redberg says that there is a lack of awareness about heart disease — the number one killer of women. An indication of knowledge about this health threat is that women are generally more concerned about developing cancer, particularly breast cancer, which results in far fewer deaths than those caused by heart disease.

To explore the role of patient preference in explaining gender disparities in the use of invasive cardiac procedures, researchers surveyed 174 UCSF patients who underwent a non-invasive stress or exercise test, an indicator of heart problems.

Taking into account sociodemographic factors, health status, symptom severity, and history of prior procedures, women expressed a greater willingness than men to accept a physician's recommendation of an invasive cardiac catheterization. In addition, men and women reported a similar willingness to accept a recommendation for coronary angioplasty (PTCA) or coronary artery bypass graft surgery (CABG).

Study participants (69 of whom were women, and 105 men) completed a self-administered questionnaire that included items addressing demographics, health status, symptom severity, coronary risk factors, and history of prior invasive cardiac procedures.

Compared with men in the study (mean age 59.4 years) women (mean age 60.2 years) had a lower income and fewer years of formal education, were less frequently employed, and were less likely to be married or living with a partner. In addition, women also had worse self-perceived health status and cardiac symptoms, more diabetes, and fewer prior heart surgeries, including a CABG.

The implications of the study are that physicians need to be more conscientious about offering men and women the same options for treatment of cardiac disease, Redberg says. For more severe forms of heart disease, invasive treatment may be more beneficial than conservative therapies, she says.

The good news is that awareness of heart disease among women and the medical community is growing and is particularly important because it is a preventable disease.

Exercising, not smoking, eating a low saturated fat diet, having your blood pressure checked regularly, and speaking to your physician about hormone replacement therapy (for post-menopausal women) are mechanisms for preventing heart disease.

Women's health forum

Rita Redberg will discuss women and heart disease during a talk called "What You Can Do to Change the Statistic: Women Should Not Be Dying of Heart Disease" at UCSF's upcoming Women's Health 2000 symposium.

Experts will address more than 25 topics requested by women in the Bay Area at the event slated for Saturday, March 20, from 8:30 a.m. to 4:30 p.m., at UCSF's main campus, 513 Parnassus Ave.

Teen Health 2000, designed exclusively for young women ages 13-18, also will be held at UCSF and runs concurrently with Women's Health 2000. Including lunch and live entertainment, price is $40 for adults, $30 for seniors and $10 for teens. To register or for more information, call 263-0321.

Debas

Dean to discuss critical issues

Haile Debas, dean of the School of Medicine, will discuss a number of important issues during a mid-year address beginning at 3:30 p.m. on Tuesday, Feb. 23 in Cole Hall.

Debas will talk about the UCSF Stanford clinical merger, stresses on faculty and staff, and the development of the Mission Bay campus, among other things.

The 45-minute talk will be followed by an Academic Senate town hall meeting on the UCSF Stanford clinical merger. Topics will include the current budget crunch and the effect of the merger on the schools of dentistry, medicine, nursing and pharmacy.

The entire campus community is welcome to attend both events.

A video relay will be available to SFGHMC Medical Library Conference Room; Mount Zion Herbst Hall; Veterans Affairs Medical Center Bldg. 200, room 1A122.

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Benner receives award for excellence

Benner

Patricia Benner, professor in the department of physiological nursing, has received the 1999 Excellence in Caring Award from the Center for Excellence in Chronic Illness Care at the Yale University School of Nursing.

The Excellence in Caring Award was presented to Benner for her outstanding ability to "translate research into practice and to make her work both accessible and meaningful to policy makers, practitioners, and students alike."

Benner received the award at the Inauguration Ceremony for the Center on Feb. 2, at which she was the keynote speaker. She addressed the role of clinical scholarship in chronic illness care.

A member of the UCSF faculty since 1982, Benner is internationally known for her research on ethical and clinical reasoning and caregiving as well as the interrelated areas of health, stress and coping. Her work, which includes eight acclaimed books, has been influential in the areas of clinical practice and clinical ethics. Her most recent book is "Clinical Wisdom and Interventions in Critical Care: A Thinking in Action Approach," co-authored with Patricia Hooper-Kyriakidis and Daphne Stannard.

Benner's expertise in Nursing Practice, Caring Clinical Judgment and Ethics garnered the American Journal of Nursing's Book-of-the-Year Award in 1996. She is a fellow of the American Academy of Nursing and an honorary fellow of the Royal College of Nursing (UK).

LISA CISNEROS

Patient Ariel Lowry, 2, of San Francisco expresses her artistic skills at the UCSF inpatient playroom on Feb. 9. Her mother, Diane, watches while volunteer Jennifer Edidin works with Ariel.

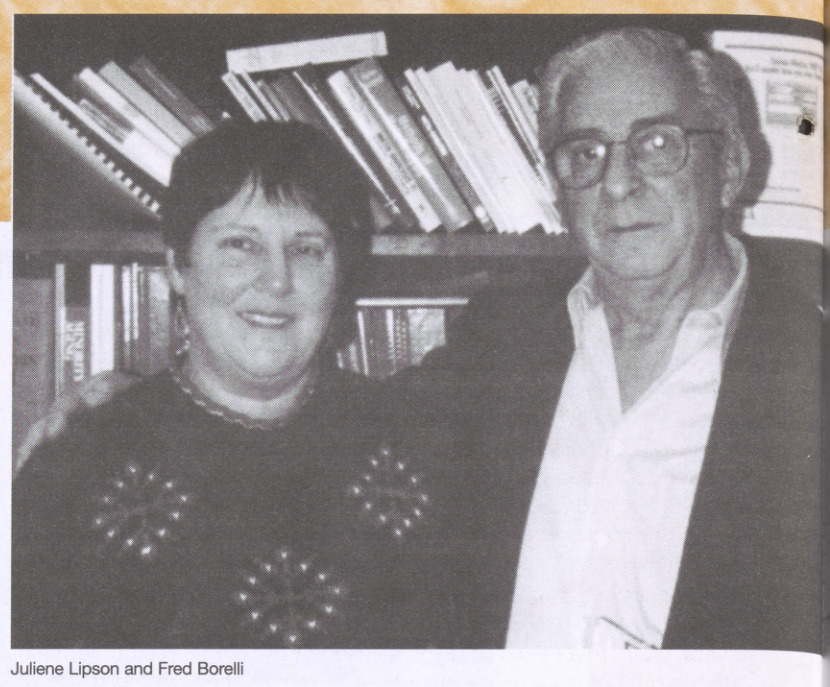
Patients paint monument of hope

More than 40 pediatric patients at Lucile Packard Children's Health Services at UCSF made history last week.

As part of a creative therapy program, UCSF patients helped paint the largest monument in the western United States. Taller than the Statue of Liberty and three times the surface area of the Sistine Chapel ceiling, the monument, which stands in Beverly Hills, will be adorned with floral panels painted by children across the state. Each side of the 165-foot oil tower will represent a season.

Called Project 9865, the effort is part of a larger creative therapy program, Portraits of Hope, established by artist/author Ed Massey and Bernie Massey, director of the Center for American Studies and Culture. Portraits of Hope aims to enhance the quality of life for hospitalized children and seniors at adult care centers. Its mission is to bring joy to and instill pride in them.

The program was coordinated at UCSF in cooperation with inpatient and outpatient services of the department of pediatrics and the Child Life Services staff.



Juliene Lipson and Fred Borelli

Employees double donations to charities

Employees of UCSF and UCSF Stanford Health Care more than doubled their participation and their contributions to nonprofit agencies serving the community this year through the 1998 Charitable Giving Campaign.

In 1997, both organizations together raised just under $90,000. Last year's campaign total is still climbing and is just shy of $225,000. The average annual gift per employee was an impressive $175 per person at UCSF and $180 at UCSF Stanford.

"The new combined Charitable Giving Campaign raised almost a quarter of a million dollars for Bay Area environmental, arts, and health organizations and other causes close to the hearts of UCSF and UCSF Stanford employees," said Molly Cooke, co-chair of the campaign and UCSF professor of medicine. "I am especially gratified to see that participation rates at both UCSF and UCSF Stanford doubled from last year! Good work, donor reps!"

The winner of the campaign raffle is Juliene Lipson, a UCSF professor in the School of Nursing. She won two round trip tickets anywhere American Airlines flies in the continental US, the Caribbean, Canada, Mexico or the Bahamas, courtesy of Campus Travel.

Lipson was surprised and thrilled to have won the raffle prize. "I'll be taking my husband somewhere warm. This trip is just perfect!"

A longtime donor through the UCSF annual campaign, Lipson always gives to the Internal Refugee Tutorial Services, a small nonprofit agency based in Fremont that helps immigrants and refugees from all over the world to learn English, get their citizenship and offers a number of other services.

"This issue is very important to me," she said. "Immigrants and refugees are facing even more discrimination and hardship with the passage of Prop 187."

"It's a pleasure to continue to support UCSF and UCSF Stanford Health Care's Charitable Giving Campaign," said Fred Borelli, owner of Campus Travel, which has served the community for 25 years. "We celebrate with you your great success this year in raising more than double in contributions."

Although the campaign "officially" ended, contributions can be accepted anytime of the year, according to Katherine Riordan, project manager in the UCSF Public Affairs department. Call 476-0729 for a contribution form.

1999 Newsbreak deadlines

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Vol. 14.5	Feb. 26	March 6-19
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Vol. 14.7	March 26	April 3-16
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Vol. 14.9	April 23	May 1-14
Vol. 14.10	May 7	May 15-28
Vol. 14.11	May 21	May 29-June 11
Vol. 14.12	June 4	June 12-25
Vol. 14.13	June 18	June 26-July 9
Vol. 14.14	July 2	July 10-23
Vol. 14.15	July 16	July 24-Aug. 6
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Vol. 14.17	Aug. 13	Aug. 21-Sept. 3
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Vol. 14.20	Sept. 24	Oct. 2-15
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Vol. 14.25	Dec. 3	Dec. 11-Jan. 7, 2000
Vol. 15.1	Dec. 29	Jan. 8-21, 2000

Biotech industry spawns 'belief in the impossible'

BY JEFFREY NORRIS

An enthusiastic crowd filled Cole Hall Feb. 5 to enjoy classical music and a talk by a Nobel laureate Joseph Goldstein at the 23rd Annual Gordon Tomkins Lecture and Concert.

Goldstein, who shared the Nobel Prize for Medicine or Physiology with University of Texas Southwestern Medical Center colleague Michael Brown in 1985 for discovering at the molecular level how cholesterol contributes to atherosclerosis, talked about "The Impact of Biotechnology on Medicine: From the Surreal to the Real."

Noting that 7 percent of the population eats at McDonald's daily and that soon everyone will live within four minutes of one these fast-food outlets, Goldstein cites Ray Kroc's vision of building a restaurant chain with the goal of serving the customer quickly as the "best example of how one good idea by one person can change the way we live."

New life-changing technologies also progress thanks to individuals with big dreams, Goldstein said.

Using slides of paintings by surrealist painter Rene Magritte, Goldstein emphasized a main point — that the scientists who are advancing biotechnology, whether in academia or in other research institutions — have the same type of dedication as artists. They have a similar "power of imagination and belief in the impossible."

Dreams of transcending conventional limits characterize the biotechnology industry and are changing the shape of pharmaceutical research, Goldstein said.

While innovators in biotechnology may make the medically impossible possible, Goldstein said, the more fundamental problems of providing access to medical miracles through the health-care delivery system may persist. "To paraphrase Woody Allen," he said, "scientists can put a man on the moon and solve the human genome, but try getting a plumber on the week-end."

In the technological realm, a world-changing good idea may require decades before its potential is realized, Goldstein said. The integrated circuit was developed in the 60s, based on research on transistors from the 1940s. The biotechnology revolution, engendered in the 1970s by Herbert Boyer of UCSF and Stanley Cohen of Stanford, itself could not have happened without "two decades of research on enzyme metabolism," Goldstein noted.

Today, early biotech dreams are a medical reality, and 23 new kinds of biotech drugs are available, including insulin and, most recently, antibodies directed against cancer. Four of the top 20 pharmaceuticals, including the anemia drug erythropoietin, "the jewel in the crown of biotech drugs," are proteins derived from Boyer and Cohen's recombinant DNA technology, Goldstein said. In the research realm, the industry now spends more than half of what the National Institutes of Health spends.

Good ideas for individual drugs keep coming, although it still takes more than a decade, on average, to bring them to market. The ability to quickly identify and map genes will result in an explosion in the number of potential drug targets that will be identified. A major challenge over the next 50 years will be to identify the most useful targets in which to focus efforts for drug development, Goldstein said.

New drugs for diseases and disorders with limited treatment options may be in the offing, he noted. These include drugs being tested as potential therapies for obesity, aging, bone fractures, AIDS, Alzheimer's disease and baldness.

Technologies predicted in the past by leading scientists that are promising today include gene therapy, drugs custom-designed for individual differences in drug metabolism, and "DNA on a chip," microscopic biosensors that can be used to identify and assess an individual's genetic make-up, he noted.

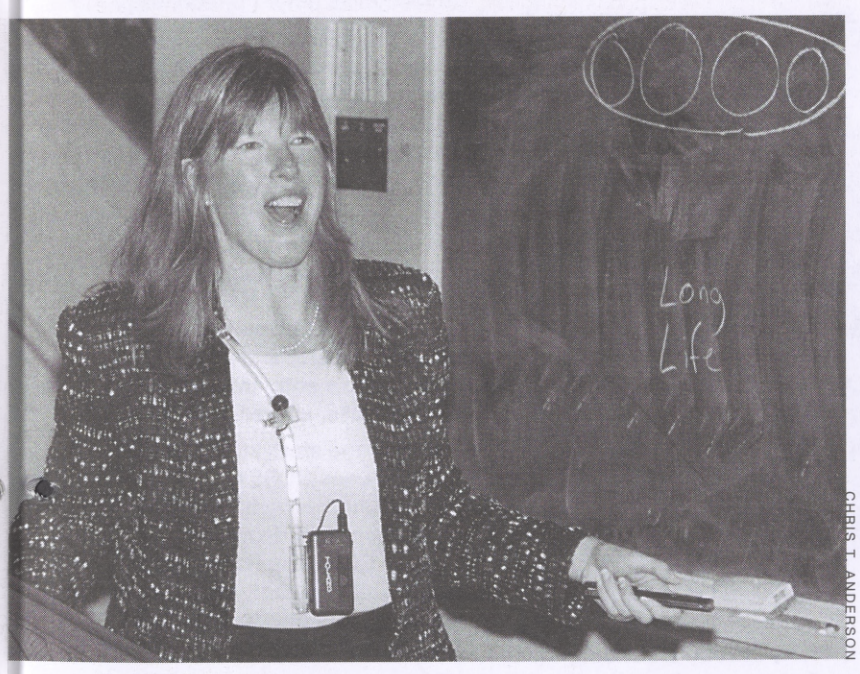
Of organ replacement with cells grown in the laboratory, Goldstein said, "Two years ago I described this goal as pure folly — and then came Dolly." The cloning of a sheep from the cell of an adult sheep has raised hopes for using cells to grow tissue for bone marrow transplantation, pancreatic islet cell transplants for diabetes and dopamine-secreting cells to treat Parkinson's disease.

Goldstein admitted being tempted to speak about a more familiar subject, cholesterol. He pointed out that Tomkins was one of the first to investigate the regulation of cholesterol in the body early in his career.

A visionary professor of biochemistry, Tomkins came to UCSF from the NIH in 1969 and died unexpectedly in 1975. He inspired scores of scientists and students, including several who now are senior UCSF faculty members.

Tomkins was an accomplished classical and jazz clarinetist and saxophonist, and is fittingly remembered with a concert in addition to a lecture. The program, which featured music by Vivaldi, Shumann and other composers played by violinist Benny Kim and pianist Anne Epperson, was sponsored by the Herbert W. Boyer Fund.

Joseph Goldstein



CHRIS T. ANDERSON

Cynthia Kenyon

Worm offers clues to aging

The relevance of a worm's anatomy, genetics and physiology to humans may not be obvious to most people, but it is well accepted by biomedical researchers, especially Cynthia Kenyon, Herbert Boyer professor of biochemistry and biophysics at UCSF.

Kenyon, whose research focuses on the aging process of the *C. elegans.*, says the lint-sized, free-living roundworm offers clues to more quickly advance scientists' understanding of basic biological phenomena.

Evidence suggests that gene activity can be manipulated to alter life span. In fact, changes in the activity of a single gene are sufficient to more than double the worm's life span, according to a research team lead by Kenyon.

Kenyon was one of four nationally prominent scientists to share research findings at a free symposium at UCSF sponsored by the National Academy of Sciences on Feb. 12.

research roundup

Researchers find bone-healing genes

UCSF researchers studying bone healing in mouse models have found that two genes essential for bone formation in the fetus are also key to successful fracture repair in the adult.

Through a clever biologic regulatory process, the two genes become inactive when fetal development concludes but then resurface when needed to help mend broken bones.

"These findings shed new light on the bone formation process at the molecular level. Now we can use these principles to begin to develop new clinical treatments for troublesome fractures in which we mimic the natural healing process," says Theodore Miclau, UCSF assistant professor of orthopaedic surgery who treats patients at San Francisco General Hospital Medical Center.

Study results showed the genes, cbfal and Indian hedgehog, which are known to be indispensable in fetal bone formation, reappeared in the bone of a mature animal when it suffered a fracture. "Understanding this cascade of events and the specific growth factors involved in bone repair is a small step but a significant one. If we can replicate the pattern and target therapy directly to the fracture site through injection, there is potential for greatly improving our ability to treat a bone healing problem," Miclau says.

Ten years from now, Miclau foresees targeted therapy replacing the majority of bone graft procedures.

Currently the most common therapy for a problem fracture, a bone graft involves taking bone from elsewhere in the body, usually the pelvis. The procedure carries an overall complication rate of about 25 percent, Miclau says.

Bone cement erodes in hip replacement

A new study led by UCSF researchers has found that acrylic bone cement, often used to attach total hip replacements to bone, degrades in the body over time and may contribute to the loosening in cemented total hip replacements.

"This is the first study that shows there is a chemical breakdown in the structure of the cement," says Michael Ries, UCSF associate professor of orthopaedic surgery, and orthopaedic surgeon at the UCSF Arthroplasty Center, part of UCSF Stanford Health Care. "The findings can be used to improve the longevity of cemented total hip replacements."

A total hip replacement is a successful treatment for arthritis in the hip. If severe arthritis is treated without surgery, often the pain can be so great that walking is no longer possible and a wheelchair is the only option for mobility, Ries says.

In a total hip replacement, the hip joint is replaced with a metal ball attached to a metal stem fitted into the upper portion of the thigh bone and a plastic socket is implanted into the pelvis, replacing the damaged socket. About 50 to 60 percent of total hip replacements use cement to anchor the ball and socket into the bone, according to Ries.

One possible complication of a total hip replacement, he says, is the metal ball and plastic socket may become loose, resulting in pain. If loosening is significant, a revision of the joint replacement may be needed. About 90 percent of hip replacements last 10 years and 80 percent last 20 years.

In the current study, Ries and research colleagues studied the chemical structure of bone cement used in hip replacements — polymethylmethacrylate (PMMA) — after it had been in the body to determine the effects of the body's environment on PMMA.

unraveling the mystery o

Scientists from the Gladstone Institute of Virology and Immunology at UCSF presented these findings last week at the Sixth Conference on Retroviruses and Opportunistic Infections in Chicago. Founded in 1991, the Gladstone Institute of Virology and Immunology focuses its research on HIV and AIDS. It is one of three research arms of the J. David Gladstone Institutes, a private biomedical research institute affiliated with UCSF and located at San Francisco General Hospital Medical Center. The institute is named for a prominent real estate developer whose will created a testamentary trust that reflects his long-standing interest in medical education and research.

Finding may explain HIV's ability to infect cells lacking key target

Researchers may have identified the molecular mechanism that enables HIV to cast its infectious net beyond those cells bearing the CD4 receptor, the loading dock that HIV normally first engages on a cell's surface.

In their study, the investigators discovered that cells bearing the CD4 receptor sometimes interact with neighboring cells that lack the CD4 receptor but do bear a "co-receptor," or secondary loading site, such as CCR5 or CXCR4. Together, these proteins create a receptor complex that HIV recognizes as a single unit.

"This so-called 'trans' mechanism expands the range of potential cellular targets for HIV-1," said the senior author of the study, Mark A. Goldsmith, UCSF assistant professor of medicine at the Gladstone Institute.

It also suggests a possible new focus for drug therapies aimed at preventing the spread of HIV to non-CD4 receptor cells. "We still need to demonstrate this in rodent models," said Goldsmith, "but this is an intriguing start."

HIV generally infects the immune system's T cells, which reside in the blood, latching first onto the CD4 receptor and then onto the CCR5 co-receptor located on the same cell's surface. The multi-step binding process culminates with HIV's fusion with the cell.

However, the virus also migrates from the blood into tissues, infecting various types of cells in the brain, colon, testes, ovaries and heart. Some of these cells are immune system cells, some are not. Many are CD4-negative cells, such as cells bearing CD8 receptors in lymphoid tissues; astrocytes and endothelial cells in the brain; epithelial cells in the colon; and myocytes in heart tissue.

While CD4-negative cells are not the principle target of HIV infection, studies indicate that these cells, when infected, may be the underlying cause of some lethal HIV-associated diseases, including HIV-associated dementia and HIV-associated cardiomyopathy, or death of heart muscle.

Moreover, there is concern that reservoirs of latent or persistent virus may reside in cells that are protected from detection by the immune system, and that these hidden pools of virus may be less susceptible to the combinations of drugs currently used to combat HIV infection, known as highly active anti-retroviral therapy, or HAART.

JENNIFER O'BRIEN

Researchers find key to HIV's ability to infect brain, colon

BY JENNIFER O'BRIEN

Researchers have determined that HIV infects cells of the brain and colon by binding with a particular co-receptor, CCR5, located on the surface of some, but not all, cells targeted by HIV.

The finding suggests a possible target for therapies aimed at preventing the virus's entry into these tissues and perhaps others, as well.

HIV-1 generally resides in the blood, infecting the immune system's T cells and, to a lesser extent, other immune system cells, increasingly compromising the body's ability to respond to opportunistic infections.

However, HIV also migrates from the blood into tissues, infecting various types of cells in the brain, colon, testes, ovaries and heart, some of which are immune system cells, some of which are not.

While these tissues are not the principle target of HIV infection, studies indicate that, when infected, cells in these tissues may be the underlying cause of some lethal HIV-associated diseases, including HIV-associated dementia and HIV-associated cardiomyopathy, or death of heart muscle.

There is also concern that cells in these tissues serve as reservoirs of latent or persistent virus that are protected from detection by the immune system. These hidden pools may be less susceptible to the combinations of drugs currently used to combat HIV infection, known as highly active anti-retroviral therapy, or HAART, researchers say.

HIV usually initiates infection in the body by latching first onto the CD4 receptor, the loading dock on the target cell's surface, and then onto a co-receptor, normally CCR5, which is also located on the cell's surface.

However, as the disease progresses, the virus often alters its genetic make-up in the blood, and, in so doing, switches its co-receptor affinity from CCR5 to CXCR4, thereby expanding the pool of target cells and making it more difficult to therapeutically block infection.

In the current study, the researchers sought to determine whether CCR5, already thought to be a predominant co-receptor for mediating HIV infection of brain cells in general, remained predominant as HIV-associated dementia developed, or whether HIV evolved to use other co-receptors as well. More broadly, the researchers sought insight into whether co-receptor specificity varied amongst viruses infecting the various tissues of the body.

Their results were provocative. In an examination of 13 brain-derived and six colon-derived viruses, the researchers determined that HIV gained entry to cells uniformly and efficiently through the CCR5 co-receptor alone. Some viruses gained entry through several other known co-receptors — CCR3, CCR8 and US28 — but when they succeeded, they achieved only low levels of infection. No virus recognized several other known co-receptors thought to be important in HIV disease, including CXCR4, BOB/GPR15 or Bonzo/STRL33.

"It seems likely that in these viruses that are specific for tissues rather than blood there is a gateway or selection pressure to use CCR5 in order to propagate or live," says Stephen Chan, the lead author of the study and a postdoctoral student in the laboratory of Mark Goldsmith.

And this finding, he says, bodes well for the effectiveness of drugs (some of which are in development) that could block the action of CCR5, as it suggests that tissue-specific HIV will not evolve to recognize other co-receptors, like CXCR4 or CCR3.

"A lot of companies wonder if drugs that block CCR5 will cause tissue-specific viruses to switch co-receptors and become resistant. Our study suggests they may not," says Chan.

"All the viruses in the brain and colon that we studied use CCR5 as the main mode of entry. We believe that it is the necessary mediating factor and that it probably controls entry into other body tissues, as well."

Because the study demonstrates that HIV uses CCR5 to enter colon tissue, as well as brain tissue from non-demented people, CCR5 can no longer be considered the likely factor leading to the development of HIV-associated dementia.

"There must be factors other than co-receptor selection that are responsible for the development of HIV-associated dementia," says Chan. "And these events might be happening after the virus infects cells, rather than during the infection process itself."

Co-authors of the study included Roberto Speck, Sarah Gaffen, and Goldsmith of the Gladstone Institute of Virology and Immunology at UCSF.

AIDS virus may evolve differently in some dementia patients

BY WALLACE RAVVEN

Genetic analysis and clinical studies have revealed that the AIDS virus in the cerebrospinal fluid (CSF) of some people with AIDS-related dementia evolves independently of the virus in their blood, leading to two genetically distinct subpopulations of the virus.

The finding, by a research team from the Gladstone Institute of Virology and Immunology at UCSF, poses a new challenge for treatment of these patients, suggesting that drugs effective against HIV-1 in their blood may not do the job in the central nervous system, and vice versa.

"Our data show independent viral evolution in the cerebrospinal fluid and plasma in subjects with AIDS dementia complex (ADC)," says Natalia Inkina Marlowe, lead author on the study and a post-doctoral fellow in the laboratory of Robert Grant. "Those with AIDS dementia may need drugs with a high capacity to penetrate the blood-brain barrier in order to treat HIV that is evolving independently in the central nervous system."

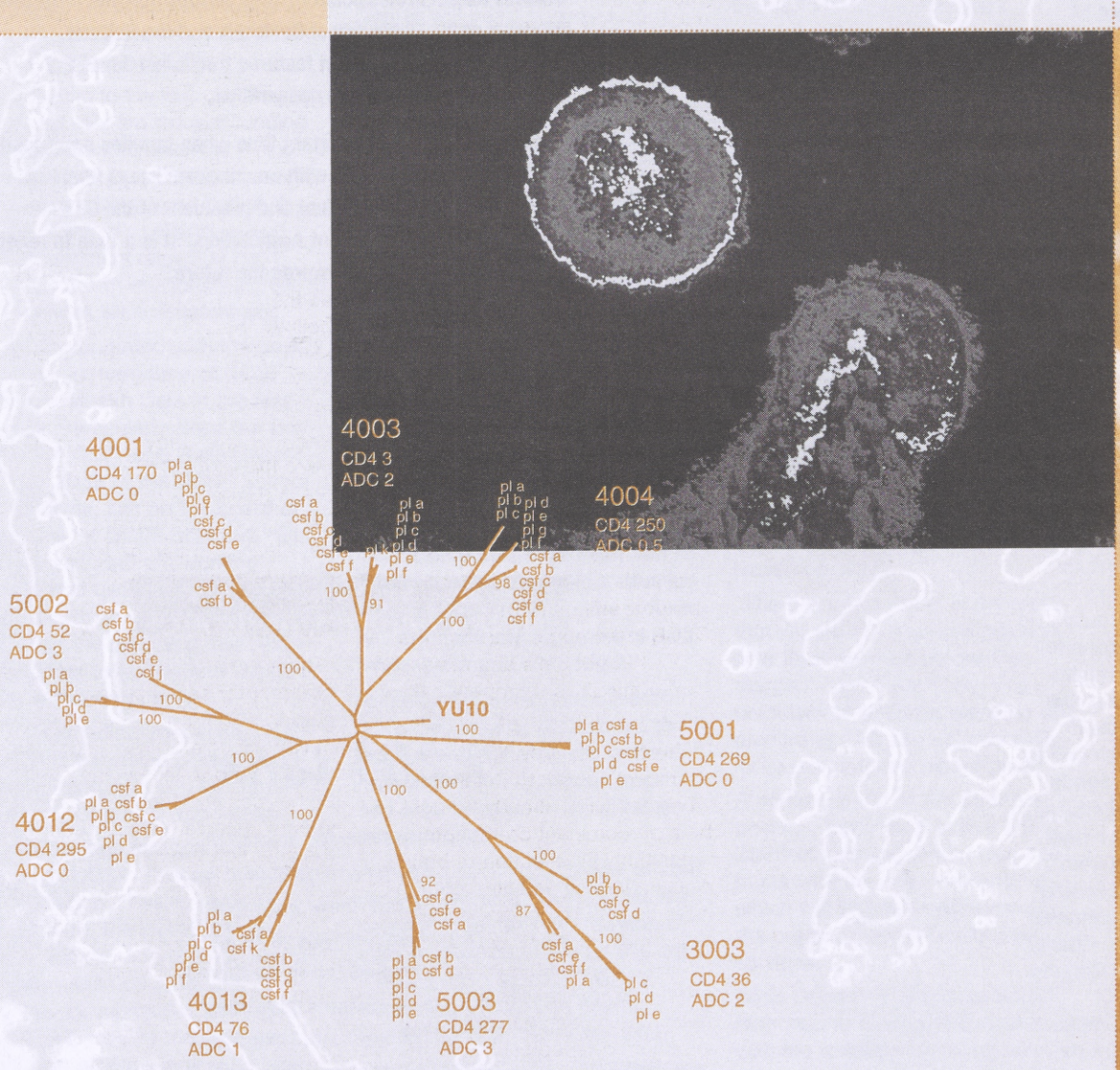
At the very least, the findings suggest that clinical trials should evaluate the success of new HIV drug treatments in the blood and the central nervous system separately, according to the research team, and success or failure in one system does not necessarily imply the same result in another.

The independent population of HIV does not appear to evolve in the CSF of neurologically normal HIV patients, the researchers found.

While the CSF and brain are different "compartments" within the central nervous system, Marlowe explains, there are parallels in their relation to systemic infection and barriers to drug penetration. As a result, the new observations may have implications for treatment of brain infection, she says.

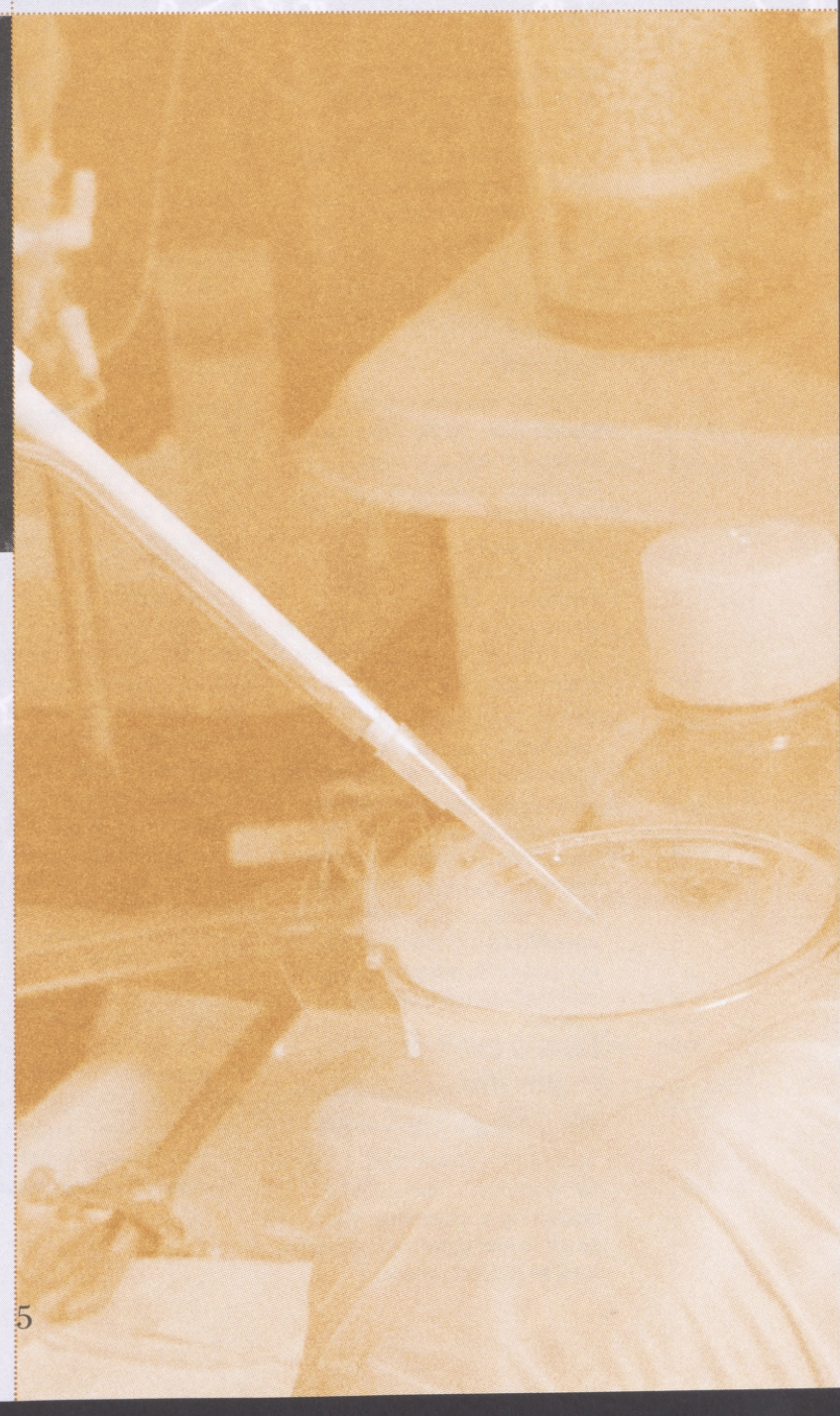
Why HIV evolves independently in the CSF of the demented patients is not clear, Marlowe says. It may reflect a separate viral subpopulation thriving in their central nervous systems, or maybe those with dementia have progressed further in immunodeficiency that may allow HIV-1 to become more virulent.

The scientists also found preliminary evidence that in some ADC patients, the HIV virus in the CSF compartment is more resistant to antiretroviral drugs than is HIV in the blood. This can cause rebound of virus levels in the CSF while the viral load in the blood is suppressed. Ongoing studies of resistant mutations should clarify this pattern, the researchers conclude.



Independent viral evolution

This graphic, called a phylogenetic tree, shows how HIV-1 in the cerebrospinal fluid (CSF) of some patients with AIDS-related dementia evolves independently of the virus in their blood, leading to genetically distinct subpopulations of the virus. This pattern, which is prominent near the end of branches of patients 3003 and 5002, poses a problem for treatment of these patients. By comparison, HIV-1 shows little divergence between blood and CSF in patients without dementia, such as 5001 and 4012.



APASA holds T-shirt design contest

The Asian Pacific American Systemwide Alliance (APASA) at UCSF is sponsoring its 10th annual T-Shirt design contest for the 1999 Asian Pacific American Celebration in May.

The deadline to submit art is Monday, March 1.

The winning design will be featured on the 1999 T-shirt, publicity flyers, brochures and other APASA publications.

Open to the public, the contest offers a $150 cash prize. The design specifications are as follows:

- The design may be on the front or back, measuring about 8 1/2 x 11 inches.
- Maximum is five-color spot design, no half tones or gradient fills.
- If the design is on the back, a mini design of two colors, on the front heart area, may be included.
- The design must include the following: UCSF (either abbreviated or spelled out) and Asian Pacific American Celebration
- Do not include the date in the design.
- Only two designs may be entered from each designer.

The winning design will be selected by the Asian Pacific American Celebration Week Committee.

The winner must be willing to modify the design upon request and adhere to production deadlines. The winning design becomes the property of UCSF/APASA and may not be used for other organizations or purposes.

Winner must provide camera ready art work (with color separation if possible). To enter, please submit a color mock-up of the design to: Deborah Ceryes, UCSF/APASA, 500 Parnassus Ave., Box 0296, MU 509E, San Francisco, CA 94143. For more information, call 476-1848.

Center for Gender Equity launches website

UCSF's Center for Gender Equity, formerly the Women's Resource Center, recently launched a website at itsa.ucsf.edu/~cge/index.html. The Center focuses on three areas: Women's and Gender Resources, Sexual and Relationship Violence Resources, and Lesbian, Gay, Bisexual and Transgender Resources.

The website maintains an updated list of upcoming events sponsored by the center as well as the services it provides to the campus community. Services include free lectures and films, personal and professional skill-building workshops, specialized conferences and symposiums, support group and self-defense classes.

Funds available for junior investigators for cancer research

The UCSF Cancer Center has two programs that are now accepting applications from junior investigators interested in cancer-related research.

Applicants for both programs must have faculty appointments. Preference will be given to investigators in the beginning of their research careers.

The Clinical Investigator Research Program (CIRP) is for clinical investigators for studies that have direct application to the prevention, diagnosis and treatment of cancer. Awards of up to $50,000 will be competitively made.

Funding for these projects is provided by Mount Zion Health Systems and preference will be given to investigators whose primary work site is the UCSF/Mount Zion campus. The application deadline is Thursday, April 1.

The second program is funded by the American Cancer Society and is for grants for cancer related research of up to $20,000. The deadline to apply for this program is Thursday, April 15.

To download application forms, go to the Cancer Center website at: http://cc.ucsf.edu/insiders or for more information, call 476-9727 or email: ccadmin@cc.ucsf.edu.

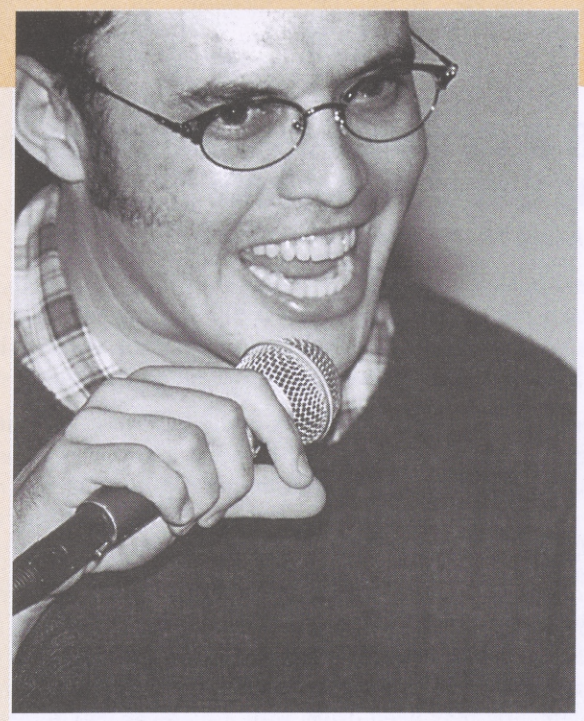
Apply now for instructional grants

Proposals are now being accepted for grants up to $10,000 to support instructional improvement and the development of multimedia for teaching and learning at UCSF. The Instructional Grants Program supports a wide range of activities including development of new programs, improvement of existing courses, development of instructional software, and teaching evaluation activities. Previous awards have supported the development of web-based courses, faculty development programs for volunteer faculty, and the creation of a digital imagebase of histology slides.

Proposals are due Friday, Feb. 26. Awards will be announced in April. Complete information and application forms are available at www.library.ucsf.edu/mdl/grant.html. You may also contact Gail Persily at 476-3766 or persily@library.ucsf.edu.

UCSF hosts finance day

UCSF's Benefits & Financial Planning is sponsoring a Finance Day Open House for UC employees on Wednesday, March 24, from 8:30 a.m. to 3 p.m., at Millberry Union Conference Center. Faculty and staff will have an opportunity to learn about University-sponsored programs that can help them provide for their future economic security and to plan for specific future needs such as their children's education or the purchase of a new home. Representatives from various companies will answer questions, and representatives from the Calvert Group, Fidelity Investments, American Century Investments and the UC Retirement System will make presentations throughout the day. Although the University does not offer nor sponsor a long term care insurance plan, information will be available.



PHOTOS BY CHRIS T. ANDERSON

Celebrating the Year of the Rabbit

More than 300 people ushered in 1999, the Year of the Rabbit, at a celebration at the Millberry Union on Feb. 5. Sponsored by the Chinese Health Professional Student Association, the Associated Students of the University of California and the Cultural Enrichment Fund, the event featured traditional dances, a fashion show and karaoke competition.

"The New Year is an important time when families and friends take time out to catch up with one another," says Alex Kuo, a second-year medical student and president of the Chinese Health Professional Student Association. "It is a time to reflect upon our past and look towards the future."

think before you throw

1,204 tons

The average amount of paper and cardboard we at UCSF throw away each year. Recycle white and colored paper, cardboard, newspapers, junk mail, phone books, magazines and catalogues.

University of California San Francisco

UCSF

Facilities Management
Water and Energy Awareness Program

www.fm.ucsf.edu/energy.htm

medical call board

Epidural anesthesia

The UCSF Outcomes Research Group is conducting a study evaluating the effects of epidural anesthesia on thermal comfort. The study will consist of two consecutive or separate days, one being the epidural day and the other being the control day. On both days, participants' lower body skin will be cooled or warmed to different temperatures and their comfort level will be evaluated. These studies will be conducted in the Anesthesia Research Laboratory in the Moffitt Hospital. Participants will be paid $250 for completing both study days. Participants must be in good health, between the ages of 20 and 40 years, a non-smoker, drug and medication free, and be of average weight for height. Call Azita in the Outcomes Research Office at 476-8436, or email azita_moayeri@quickmail.ucsf.edu, for more information.

Asthma studies

The Asthma Clinical Research Center at UCSF, which designs and conducts research on the causes and treatment of asthma, is recruiting volunteers for the following three clinical trials. Each study includes procedures such as lung function testing and diary keeping. Compensation is available to participants. For more information on current or future asthma studies call 502-4849.

- Pulmonologists are enrolling adults with asthma, age 18 to 50, in a clinical trial of a new oral agent that is believed to reduce the inflammation in the lungs, which contributes to chronic asthma. The study involves eight visits to UCSF. Volunteers should have asthma, but not have used steroids recently.
- Another study aims to test the effect of a commonly prescribed inhaled steroid medication on mucus production in asthmatic volunteers. Researchers are interested to see if taking this inhaled medication helps asthmatics by reducing the number of mucus-producing cells in their airpipes. This study requires eight visits over 10 weeks, each visit taking from 1 to 3 hours. Volunteers for this study should have asthma treated with bronchodilators (albuterol, ventolin etc.). People who are already on inhaled or oral corticosteroid medications do not qualify to participate in this study.
- A third study aims to determine if inhaled steroids used in the treatment of asthma are absorbed into the blood stream, and if some are absorbed more than others. The study requires seven visits over seven weeks. The first two visits take one to two hours and the remaining five visits require an overnight stay in the General Clinical Research Center at UCSF. Volunteers should have asthma but not recently have used steroids.

Rheumatoid arthritis

As part of a national search for rheumatoid arthritis genes, UCSF scientists are seeking volunteers diagnosed with rheumatoid arthritis who also have a brother or sister with the illness who are willing to participate in a research study.

Rheumatoid arthritis is a chronic, crippling disorder that affects more than 2.5 million Americans. The illness occurs when the body's immune system, for reasons still unknown, turns on itself. Immune cells, meant to attack foreign invaders, instead destroy healthy tissues in the joints.

Each study volunteer will be asked to participate in a 10-minute telephone interview about rheumatoid arthritis symptoms and medical history.

Volunteers will then be scheduled for a single appointment where they will give a blood sample, undergo a joint exam and have X-rays of each hand. This visit can be scheduled at UCSF or in the volunteer's home if he or she lives far from UCSF. X-rays, exam and blood test are free, and travel expenses to UCSF will be reimbursed.

All study information will be kept strictly confidential and each volunteer will be kept up-to-date about overall research progress, but will not learn specific results of his or her individual DNA analysis.

For more information about the study, or to volunteer, please call Peggy Rasmussen at 502-7052 or toll-free at 888/223-3067, ext. 2.

Emotion and hormones

Researchers seek women to participate in a research project on emotions and hormones.

To participate, women must be: aged 21 to 30 years, not had children, a non-smoker, healthy and not taking an medications, including "the pill."

Participants will be asked to complete a psychological interview and questionnaires, have blood drawn for analysis of hormone levels, and provide a urine sample for substance use screen. Participants will receive a total of $50 for their time, which will total five hours over two days.

All information is confidential. For more information or to make an appointment call, 602-7460.

(BUDGET FROM PAGE 1)

"We built the fiscal year 1999 budget based on achieving significant revenue increases, better utilization management and reducing supply costs. In all three areas we are not hitting the target," Schroffel told managers at UCSF.

Contributing to the financial troubles this fiscal year are reduced funding for Medicare and Medi-Cal — the government-sponsored insurance plans comprising about half of all UCSF Stanford's patients — and market payment rates that don't keep pace with inflationary increases in expenses, administrators say.

"I am disappointed with the poor financial performance of UCSF Stanford Health Care in the first quarter, particularly since our hospitals are full," says Haile Debas, who as dean of the UCSF School of Medicine, sits on the board of directors for UCSF Stanford. "Our faculty and staff are working harder and taking care of increasingly sicker patients. Our costs are high, but the declining reimbursement rates to faculty and the hospital are hurting us."

As an immediate response, UCSF Stanford is revising budget plans for all departments to be implemented in the next few weeks.

For assistance through this process, UCSF Stanford is turning to the national health care consulting firm, the Hunter Group, which will develop realistic budget targets based on a number of industry benchmarks. The organization will provide managers with a reporting process indicating how personnel expenses are meeting the new budget targets.

While maintaining the quality of patient care is a top priority, administrators say that they anticipate that staff reductions will be necessary. However, vacant positions will be reviewed first in an attempt to minimize layoffs.

For the foreseeable future, all new hiring at UCSF Medical Center will need approval from Schroffel directly.

"We will continue to invest in programs through this process," Schroffel says. "We will not freeze-frame this organization."

UCSF Stanford will continue to invest in strategies to prepare for the Year 2000 computer bug, among other things.

Not alone

UCSF Stanford is not alone in this financial predicament. The average 1997-98 operating margin for all California hospitals was a negative 2.6 percent, according to Office of Statewide Health Planning and Development reports.

Chief Executive Officer Peter Van Etten sums up the financial situation thus: "To me the crux of the problem has to do with the prices we're paid for the services we provide."

Indeed, UCSF Stanford expects payment rates for its services to grow at about 1 percent, while operating costs for labor, drugs and supplies rise at about 2.6 percent annually.

A major blow to the budget of academic medical centers across the country is the first of five years of cuts in Medicare funding. The cut will result in a loss by 2003 of about $30 million annually to UCSF Stanford, Van Etten said.

Since the inception of the Medicare program, the federal government has paid teaching hospitals for a portion of the added costs associated with the clinical training of health professionals. Over the years the complex formula for Medicare funding for graduate medical education has changed, most significantly in 1997, when Congress passed the Balanced Budget Act. That act reduces payments to teaching hospitals.

"The Medicare problem isn't going to get better," said Van Etten, who has met with representatives on Capitol Hill and with White House staff.

This year, Medi-Cal funding, the state insurance program that pays hospitals for caring for a larger share of indigent patients, remains flat and falling. In July, Medi-Cal will stop paying $11 million because Lucile Packard Children's Hospital fell below the "disproportionate share" threshold level for providing care for low-income patients.

Despite the challenges ahead, administrators said they believe the organization is in a better position since the merger occurred in November 1997.

"There is no question in my mind that we are in a stronger position now than we were before the merger," said Patty Perry, vice president of strategic planning and marketing. "We have significantly more power in the marketplace."

A consequence of this stronger position, Perry said, is that UCSF Stanford has negotiated new contracts with two insurers, both of which will increase payments to the organization for health care services.

Adds Debas, "The merger was a response to managed care and, with the reduction in reimbursements from Medicare and Medi-Cal we are now experiencing, it is more valid today than in November 1998. I have every confidence that the downturn will be reversed."

Fund Performance

ENDING JANUARY 31, 1999

Total rates of return for the UC 403(b), DCP, and comparative indices

UC Fund/Index	1 Month	3 Month	12 Month	5 Year*	Year To Date
UC Savings Fund	0.51%	1.52%	6.13%	6.35%	0.51%
US T-Bill (1-Yr)	0.37	1.11	5.00	5.48	0.37
UC Money Market Fund	0.44	1.32	5.57	5.45	0.44
US T-Bill (30-Day)	0.35	1.04	4.78	4.98	0.35
UC ICCF Fund	0.58	1.78	7.33	7.70	0.58
US Gov't Intermediate Bonds**	0.55	-0.07	8.85	6.03	0.55
UC Bond Fund	1.62	5.83	10.65	11.10	1.62
Lehman Bros. Gov't/Corp/Yankee	0.71	1.56	8.71	7.17	0.71
UC Equity Fund	4.49	15.85	24.22	19.71	4.49
S&P 500	4.18	16.86	32.49	24.26	4.18
UC Multi-Asset Fund	2.19	7.40	13.30	11.69	2.19

*Annualized rate of return reflects average over the past five years.
** Gov't bond model. Ibbotson Associates.

Unit values for variable funds as of January 31, 1999:

Equity	$254.34
Bond	116.41
Multi-Asset	26.05

Unit values are similar to mutual fund share prices and change monthly to reflect changes in the market value of the fund's underlying investments, inclusive of interest and dividend income. Past performance is neither a guarantee nor a predictor of future returns.

Source: Jerry Neal, UCSF Benefits and Financial Planning

calendar

Feb. 20 – March 5, 1999

20 saturday

FREE SCREENING: African-American men and women are invited to attend a free breakfast, lecture and blood pressure and diabetes screening, 8 a.m.-noon, The Waterfront Plaza Hotel, 10 Washington St., Jack London Square, Oakland. Sponsored by the UCSF Center for Aging in Diverse Communities and 100 Black Men of American, Inc. Call 502-4078.

LOW FAT COOKING: Christine Leishman, meal planning specialist and former assistant chef, Greens and Stars restaurants, presents "Vegetarian Stews & Gratin," 11:30 a.m.-1:30 p.m., 5th & Irving. Learn practical, palate-pleasing dishes that are healthy. Fee. Call 476-0350.

SALSA WORKSHOP: Learn how to move like Carmen Miranda, 5-7 p.m., MU Fitness Center, Parnassus. Open to all levels.

22 monday

WASHINGTON'S BIRTHDAY

BLACK VENDORS FAIR: The UCSF Black Caucus sponsors this annual event, 10 a.m.-3 p.m., MU, Parnassus.

ON BLACK MUSIC: The UCSF Black Caucus presents the "Evolution of Black Music," noon-1 p.m., Mission Center Building, Rm. 126. Volunteer employees to sing and dance. Fabulous Catering cuisine for sale. For more information, call 353-3752 or 476-7183.

DEAN'S RESEARCH SEMINAR: Ira Herskowitz, professor, biochemistry and biophysics, head, graduate program in genetics, and co-director, program in human genetics, and others, present "Spermatogenesis and Sporulation: Fertility and Infertility in Men and Yeast," 3:30 p.m., N 225, Parnassus; video relay: Mount Zion, Herbst Hall and VAMC, Bldg. 203, Rm. 1A32. Sponsored by the School of Medicine.

FOR YOUR EYES ONLY: David Hwang, associate professor, clinical ophthalmology and co-director, Cornea, Cataract and Refractive Services, presents "Better Vision Now," 6 p.m., 8 Kirkham St. Learn new surgery options for vision correction. Call 476-5021.

QI GONG CLASS: Millberry Programs & Services offers classes in the ancient form of Chinese meditation every Monday evening, 8:15-9:30 p.m., through March 29, MU Fitness Center, Parnassus. Fee. Call 476-0350.

23 tuesday

GREEN SEMINAR: "Environmental Ethics for the New Millennium," Laurel Heights auditorium. Morning sessions runs 8 a.m.-noon and the afternoon session runs noon-4 p.m. Free. Lunch included. Learn about the latest technologies and newest products available for environmentally conscientious purchasing. Sponsored by Facilities Management's Energy Awareness Program & Recycling Program, Materiel Management, and Public Affairs. To register, call 476-0729.

BLOOD DRIVE: Donate blood, 10 a.m.-5 p.m., Mount Zion, Hellman Conference Room. Tasty refreshments and great raffle prizes. Call 476-6989.

UNIVERSAL HEALTH CARE: Suzanne Gordon, noted journalist and author presents "Universal Health Care: Why Ethical Nursing Practice Depends On It," 11:45 a.m.-1 p.m., N 225, Parnassus. Sponsored by the School of Nursing. For more information, call Barbara Mow at 476-1805.

DEAN'S ADDRESS: See page 1 for details.

GOING MEATLESS: Millberry Programs & Services presents "Vegetarian Eating: Meatless in San Francisco," 6-7:15 p.m., MU Fitness Center, Parnassus. Learn how to get nutrients and protein from non-meat sources in this workshop taught by a registered dietitian. Please register a minimum of three days prior to the class. Fee. Call 476-0350.

CAG MEETS: The Community Advisory Group (CAG) meets, 6:30 p.m., Laurel Heights, 3333 California St., President's Room. Call 476-3206.

24 wednesday

SCIENTIFIC SEMINAR: Frank Szoka, Leaf Huang and Philip Felgmer present "Structure and Design of Synthetic Gene Carriers," Feb. 24-26, Laurel Heights Conference Center, 3333 California St. Sponsored by the UCSF Molecular Design Institute and the UCSF Cystic Fibrosis Research and Development Program. For more information, check out http://mdi-10.ucsf.edu/csp.

GI SEMINAR: Alex Monto, fellow, GI division, presents "The Immunology of Hepatitis C," 8-9 a.m., S 214, Parnassus.

GI GRAND ROUNDS: Ken McQuaid, GI division, VAMC, presents "Maltoma," 9-10 a.m., S 214, Parnassus.

VIOLENCE TRAINING: "UCSF Violence in the Workplace Training," for managers, supervisors, administrators and faculty, 9 a.m.-12:30 p.m., Toland Hall, Parnassus. Presented by the Faculty and Staff Assistance Program, Labor and Employee Relations, Legal Affairs, UCSF Police, Affirmative Action, and the Center for Gender Equity. Call 476-8286 to RSVP.

BROWN BAG LECTURE: UC Regent Bill Bagley, the guest speaker for Black Heritage Month, presents "Moving Forward Without Forgetting the Past," noon-1 p.m., HSW 300, Parnassus. Sponsored by Public Service Programs and co-sponsored by the Office of Equal Opportunity/Diversity. Call 476-4394.

ENDOUROLOGY SEMINAR: "ESWL-Indications, Contraindications & Complications," 5-6 p.m., M 464, Parnassus. Sponsored by the department of urology.

CARING FOR ELDERS: The Institute for Health & Aging sponsors a drop-in educational class series, 5:30-7 p.m., 1388 Sutter St., Room 1100. Geriatric specialist Jane Mahakian teaches this series. To register, call 502-6873.

RESEARCH CONFERENCE: Simon Hayward presents "Stromal-Epithelial Interactions as Mediators of Benign and Malignant Prostatic Growth," 6-7 p.m., M 464, Parnassus. Sponsored by the department of urology.

25 thursday

WINTER ENRICHMENT: Terry Smith, learning specialist, presents "Learning Skills: Strategies for Dealing with Test Anxiety," noon, HSW 301, Parnassus. Learn strategies for reducing anxiety before and during exams. Co-sponsored by the UCSF Advanced Learning Skills Program.

MEDICAL GRAND ROUNDS: Miriam S. Komaromy, assistant clinical professor, medicine and director, primary care residency program, SFGHMC, presents "Genetic Testing in Medical Practice," noon-1 p.m., N 225, Parnassus. Sponsored by the department of medicine.

CHANCELLOR'S CONCERT: Wei He, violin and John Chernoff, piano, perform "Beethoven's Kreutzer Sonata," 12:15-12:45 p.m., Cole Hall, Parnassus.

26 friday

JOB SURVIVAL: Experts present "Survival 101A – Discussion: Getting Employed, Being Promoted at UCSF," noon-1 p.m., HSW 300. Sponsored by the UCSF Black Caucus.

NOONTIME FILM: The UCSF Black Caucus presents "Amos 'n Andy Film: Entertained or Humiliated?" noon-1 p.m., MCB, Rm. 126. Discussion to follow. Call 353-3752.

27 saturday

INTERNATIONAL HEALTH: See upcoming events.

PARTY: "Ninth Annual Gala Celebration," 6:30 p.m.-1 a.m., SFO Marriott Hotel, Burlingame. The Black Caucus invites UCSF and UCSF Stanford Health Care employees to join in this celebration. Cost: $500 per table; individual tickets $50. Call 476-1461.

MARCH

1 monday

ON PHARMACOGENOMICS: William Evans, deputy director, St. Jude Children's Research Hospital, presents "Genetic Polymorphism of Thiopurine S-methyltransferase: Molecular Mechanisms and Clinical Importance" 4 p.m., HSW 301, Parnassus. Sponsored by the department of biopharmaceutical sciences and the Program in Human Genetics. Call 502-6874.

QI GONG CLASS: See Feb. 22 listing for details.

2 tuesday

LIFE TRANSITION GROUP: Counselor Donna Christner-Lile presents "Learn the Four Secrets of Happiness," 5:30-7:30 p.m., Parnassus. Fee. Call 502-8673.

3 wednesday

BROWN BAG LECTURE: Teresa L. Wright, chief, gastrointestinal division, VAMC and associate professor, medicine, presents "Hepatitis C," 12:15 p.m., HSW 300, Parnassus. Learn about new developments in the treatment of Hepatitis C. Sponsored by Public Service Programs. Call 476-4394.

ON-LINE FINANCES: The Academic Business Officers' Group (ABOG) presents "Demonstration of OLFS (On-Line Financial Systems) Downloading & Reporting Techniques," 1:30-3 p.m., L 1361, Parnassus. Learn about the required skills and programs necessary to develop customized report generation, as well as the costs and benefits. Call 476-1157 or email: greggp@cvri.ucsf.edu.

WOMEN'S HEALTH: Experts present "Genetic Testing for Women: More Knowledge or More Uncertainty?" 5:30-7:30 p.m., UCSF/Mount Zion, Herbst Hall. Sponsored by the UCSF National Center of Excellence in Women's Health. Call 885-7273.

CARING FOR ELDERS: See Feb. 24 listing.

MANAGING STRESS: Millberry Programs & Services offers a "Stress Management Workshop," 6-9 p.m., MU Fitness Center, Parnassus. Discover signs of stress and learn survival techniques. Call 476-1115.

4 thursday

WINTER ENRICHMENT: Katherine Straznickas, counseling psychologist, presents "Communicating in Difficult Relationships: Patients to Personal," noon, HSW 301, Parnassus. Learn the dynamics of good communication and how to use skills effectively in difficult situations. Co-sponsored by UCSF Student Health Services.

CHANCELLOR'S CONCERT: Vladimir Khulitoloz, viola and Dorian Ho, piano, perform "Schubert's Arpeggione Sonata," 12:15-12:45 p.m., Cole Hall, Parnassus.

ENTREPRENEURIAL SPIRIT: James Sabry, CEO and co-founder, Cytokinetics, Inc., a new biotechnology company, and Russell Hirsch, partner, Mayfield Fund, a leading venture capital firm, present "Entrepreneurship and Venture Capital," 4-5 p.m., N 217, Parnassus. Sponsored by the UCSF Office of Technology Management. Call 502-8026.

upcoming events

International health

The "International Health: Preparing for the 21st Century" conference is scheduled for Saturday, Feb. 27 at the UCSF Laurel Heights Conference Center.

This is a day-long regional conference to promote scholarship, public awareness and practical action in the field of international health.

Sponsors include the UC Institute on Global Conflict and Cooperation, UC Berkeley School of Public Health and the UCSF and Stanford medical schools.

Among the topics for discussion are "The Burden of Ill Health: Emerging Infections and Continuing Plagues" presented by Don Heyneman, UCSF professor of epidemiology and biostatistics.

For more information, call Claire Norris, International Health Office, School of Public Health, UC Berkeley, at 510/642-6915.

Free CPR training

The CPR Center at UCSF sponsors the second annual free CPR training event on Saturday, March 6, at the Millberry Union, 500 Parnassus Ave.

Participants will learn Adult CPR and rescue breathing, including the choke saving technique. Participants will receive reading materials and a card after completing the course.

The event is also co-sponsored by PG&E and the American Red Cross. Registration is required. Please call 1/888/686-3600. Classes in English start at 9 a.m., 10 a.m., 11 a.m. and at noon in Spanish.

UC career fair

The University of California Alumni Association presents "Explore, Expand, Experience: The Second Northern Annual UC Alumni Career Conference and Job Fair," on Saturday, March 13, at the City Center Marriott in Oakland.

The conference features more than 30 workshops on career-related topics and an opportunity to meet representatives from leading companies.

Registration fee is $60 for UC Alumni Association Members and $75 for all others. After March 1, add $15 for late registration.

To register or to get more information, contact the conference coordinator at 510/987-0040 or email career@ucop.edu.